

Agency/Facility Information

Date Received: 9/22/2016

Date Uploaded: 9/23/2016

Date of Report: 9/22/2016

Amended Date:

Version Type: ORIGINAL

Name of Agency/Facility: San Antonio Police
Department

Street Address: 315 S. Santa Rosa

City: San Antonio

Zip Code: 78207

Agency Phone Number: 210-207-7635

Director Salutation: Chief

Director First Name: William

Director Middle Name: P.

Director Last Name: McManus

Name of Person Filling Out Form: Det. Juan
Espinoza #2528

Email of Person Filling Out Form: juan.espino@sanantonio.gov

Injured or Deceased Information

1. What was the injured or
deceased's gender?: Male

2. What was the injured or
deceased's age at time of
incident?: 37

3. What was the injured or
deceased's race/ethnicity?
(Mark only one): Hispanic or Latino

Incident Details

4. Date of Incident: 9/10/2016

5. Location of Incident

Street Address: 9603 IH 35 N.

City: San Antonio

State: TX

County: Bexar

Zip: 78233

6. Incident Resulted In: Injury

7. Injured or Deceased Person:: Carried, exhibited, or used a deadly weapon

Peace Officer Information

Peace Officer Information

8. What was the peace officer's gender?	9. What was the peace officer's age at the time of the incident?	10. What was the peace officer's race/ethnicity? (Mark only one)	11. During the incident, peace officer was:
Male	42	Anglo or White	On Duty

Response/Incident Result Information

12. Peace Officer was responding to call or request with one or more officers:: Yes

13. Incident occurred during or as a result of a:: Execution of a Warrant

